



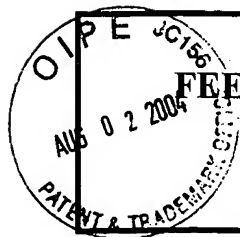
<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Attorney Docket Number</b> ZOG-009											
		In re Application of Halle et al.											
		Application Serial No. 10/021,743											
		Filed: December 12, 2001											
		Group Art Unit: 2872	Examiner: Allen, Denise S.										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired)</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ 110.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: <u>\$55.00</u>.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 20-0531. Enclosed is a duplicate of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 20-0531.</p> <p><input type="checkbox"/> Return receipt postcard enclosed.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____</p>				<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$
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<b>CORRESPONDENCE ADDRESS</b>		<b>SIGNATURE BLOCK</b>											
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		Respectfully submitted,  Steven J. Frank Attorney for Applicant(s) Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110 Date: July 29, 2004 Reg. No. 33,497 Tel. No.: (617) 310-8108 Fax No.: (617) 248-7100											

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08/03/2004 ZJUHR1 00000052 10021743

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**FEE TRANSMITTAL**  
**FY 2004**

*Complete if Known*

Application Serial Number	10/021,743
Filing Date	December 12, 2001
First Named Inventor	Halle
Group Art Unit	2872
Examiner Name	Allen, Denise S.
Attorney Docket No.	ZOG-009

METHOD OF PAYMENT				FEE CALCULATION (continued)																																						
<b>1. <input checked="" type="checkbox"/> Payment Enclosed:</b> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other				<b>3. ADDITIONAL FEES</b>																																						
<b>2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.</b> <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.																																										
<b>3. <input checked="" type="checkbox"/> Applicant claims small entity status.</b>																																										
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